



Name: _____

Address: _____

City/State/Zip: _____

Tel. 1: _____ **Tel. 2:** _____ **Email:** _____

Date of Birth: _____ **Age:** _____

Emergency Contact Name/Phone/Relation: _____

If there are any questions that you do not feel comfortable answering, please leave it blank and we can discuss this in person.

How would you rate your present health? Please circle. Excellent Good Fair Poor

Is this your first Reflexology/Reiki session? Yes / No If no, when was the last session(s) and why? _____

List other therapies such as conventional medicine or chiropractic you are currently participating:

Currently under a physician care? Yes / No. Have you discussed with your physician having Reflexology/Reiki?

Are you taking any medication(s)? If yes, please list them. _____

For women, are you pregnant or trying to get pregnant? Yes / No We will need to discuss goals.

Where is the most evident spot of tension in your body? (i.e. neck, shoulders, jaw) _____

Are you experiencing any problems with your feet? Yes / No If yes, please describe. _____

What is the reason for your visit? What would you like to work on today's session? What is your primary goal?

Health:

Circle any that apply today: Fever / Infection / Cold / Flu / Inflammation / Pain (where?)

Do you have foot / hand / ear problems? Yes / No If yes, please explain.

Please indicate with an "R" for right and "L" for left foot next to the conditions you have now and had in the past.

Plantar Fasciitis	Neuroma	Gout	Carpal Tunnel	Neuropathy	Bunion
Plantar Warts	Athlete's Foot	Bone Spur	Orthotics	Other: _____	

Please list any chronic conditions you have now and had in the past. This includes heart problems, menstrual issues, constipation, allergies, diabetes, sciatic, spinal injury, joint disorders, TMJ, digestive issues, skin disorders, varicose veins, stress, etc.

List any past and current major illness/accidents/surgery:

Lifestyle: (circle one)

Energy Levels: Excellent / Normal / Below Average / Poor

Ability to Relax: Excellent / Normal / Below Average / Poor

Smoker: Yes / No How much? _____

Drink Alcohol: Yes / No How much? _____

Exercise: Daily / Weekly / Occasional / None What type(s)?

Sleep Pattern: Excellent / Normal / Below Average / Poor - # of hours sleep per night on average: _____

Session Information: (To create a more comfortable environment during the session.)

Do you have any difficulty lying on your back or front for a session? Yes / No

Would you prefer a chair that keeps your body upright? Yes / No

Is there any other information you would like to share? _____

How did you find me? If referred, please give name of referral. _____

Would you like to be emailed announcements about events or discounts? Yes / No

Name (print): _____

Signed: _____ **Date:** _____

Contract for Services

To the clients of Reflexology/Reiki, you need to know that:

- 1. I am not a doctor.
- 2. I do not practice medicine.
- 3. I do not diagnose or treat for specific illness.
- 4. I do not prescribe or adjust medication.
- 5. Reflexology/Reiki is not a substitute for medical treatment but is considered a complement to most types of therapy.

What is Reiki and benefits?

Reiki, meaning “universal life energy,” is a health practice in which practitioners place their hands lightly on or just above the person; with the goal of facilitating the person’s own healing response. Reiki is based on an Eastern belief in an energy that supports the body’s innate or natural healing abilities. Benefits of Reiki include pain management, stress reduction and relaxation. Reiki promotes overall health and well-being. Reiki can help manage pain and reduce stress.

What is Reflexology and benefits?

“Reflexology, an integrative health practice, maps a reflection of the body predominately on the feet, hands and outer ears. It uses unique manual techniques to deliver pressure to neural pathways assisting the body to function optimally.”

Reflexology promotes balance and normalization of the body naturally, reduces stress and brings about relaxation, and improves circulation and the delivery of oxygen and nutrients to the cells.

I understand that the practitioner will be placing hands on and/or above me during the Reiki session. Please Initial _____

REFLEXOLOGY/REIKI ARE NOT A SUBSTITUTE FOR MEDICAL CARE. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM AND HAVE NOT SEEN YOUR MEDICAL DOCTOR ABOUT IT, I RECOMMEND YOU DO SO TODAY.

If you have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, you should inform the person who made that diagnosis about the session you will be receiving, and whether or not you intend to discontinue any treatment or therapy which has been previously ordered, prescribed or recommended by any licensed health professional. You understand that by discontinuing any such treatment or therapy, you assume full responsibility for any negative outcome resulting therefrom.

A medical contraindication to reflexology means there is a reason not to receive treatment unless permission has been gained. If you are on medication, or under a doctor’s care for any condition, his/her consent may be needed before you can receive Reflexology. If you are uncertain about any of the conditions that may restrict treatment, please contact your doctor, or me, for clarification. If you are already being treated by your medical doctor(s) or other therapist for any condition, including diabetes, arthritis, cardiovascular conditions (thrombosis, phlebitis, hypertension, heart conditions, and recent operations), kidney infections, fever and infectious diseases, or high-risk pregnancy, you may not be treated without consent from your medical doctor/therapist.

By signing this form, you acknowledge that you have read and understand the information and agree to the terms and conditions herein. You may discontinue any session, at any time, for any reason.

Name (print): _____

Signed: _____ **Date:** _____

Policy

Please check after reading each item. Yes, if you agree and No if you do not.

- Clients will provide a health history at the first session and provide updates as necessary. Yes No
- Sessions begin and end at scheduled times. Please arrive 5-10 minutes prior to your scheduled time so that your appointment may begin in a timely manner. Clients who are tardy in excess of 15 minutes will be expected to reschedule unless agreed to by practitioner. Failure to make the scheduled appointment on time will result in a shortened session at the full session price. Yes No
- If a cancellation is necessary, please give a minimum of 24-hour notice or you will be charged for the appointment. Emergency cancellations are determined at the discretion of the practitioner. Please understand someone else may need the slot. Yes No
- Please do not arrive for your session under the influence of alcohol or illegal drugs. Yes No
- Payment in the form of cash, check or credit card and is due in full at the time service is rendered. Yes No
- There will be a \$25.00 fee assessed for checks returned for insufficient funds. Yes No
- Harassment will not be tolerated. Offensive or explicit remarks, including remarks of a sexual nature, will result in the immediate termination of the session. The client will remain responsible for the full session fee and may be asked not to return for further sessions. Yes No
- If at any point you experience physical or emotional discomfort, inform the practitioner immediately so that the session can be modified to suit your comfort. Understand that you can end the session at any time, if necessary. The client will remain responsible for the full session fee unless agreed upon with the practitioner. Yes No
- The practitioner reserves the right to refuse service or terminate any session at her discretion. Yes No
- Unless confirmed with the practitioner in advance, please do not bring any other person to your session. Yes No

I have read and understand the foregoing and agree to the terms and conditions set therein.

Name (print): _____

Signed: _____

Date: _____

If client is a minor, signature of parent or guardian: _____